

South Carolina
Lt. Governor's Office on Aging

Long Term Care Ombudsman Program



2006 Annual Report

PURPOSE

The purpose of the Long Term Care Ombudsman Program is to advocate for the rights of residents of long term care facilities and work to enhance and improve their quality of care and life.

Residents in long term care facilities are often physically and emotionally vulnerable, facing daily challenges in pursuing a meaningful quality of life. Whenever problems arise, residents or families can call upon an ombudsman for help. Ombudsmen receive complaints about long-term care services and then voice the residents' concerns to nursing homes, residential care facilities, and other providers of long-term care.

Experience has shown that when residents and families understand the long-term care system, they are able to effectively act on their own behalf when problems occur. By educating residents, families and facility staff, the Ombudsman Program fosters an understanding and knowledge of the long-term care system and often empowers residents and families to self-advocate.

The Ombudsman Program is governed by the federal Older Americans Act and by the South Carolina Omnibus Adult Protection Act.

The Lt. Governor's Office on Aging administers the statewide program through ten (10) regional offices located throughout the state. These programs are located within Area Agencies on Aging and funded with federal, as well as state and local dollars.

Program Highlights for FY06



Funding was received from the South Carolina Legislature for additional Long Term Care Ombudsman positions at the state office level. The positions will support the amendments to OAPA.



The Volunteer Ombudsman Program was implemented in targeted regions across the state. The program kicked off with a presentation by Lt. Governor Andre Bauer at an upstate nursing care facility.



Long Term Care Ombudsmen responded to 5,821 complaints made by or on behalf of South Carolina residents in long term care facilities.



Assisted in Advocacy effort to amend the Omnibus Adult Protection Act (OAPA) to require the South Carolina Law Enforcement Division to receive and evaluate all complaints regarding abuse, neglect and exploitation in facilities operated or contracted for operation by the SC Department of Disabilities and Special Needs (DDSN) or the SC Department of Mental Health (DMH).

1 ADVOCACY

The Older Americans Act requires every state, through its State Unit on Aging, to create a statewide Long Term Care Ombudsman Program (LTCOP) to investigate and resolve “complaints made by or on behalf of older individuals who are residents of long term care facilities.” Facilities include all nursing homes and residential care facilities. However, the S.C. Omnibus Adult Protection Act (OAPA) [S C Code ann. 43-35-5 et seq.] also mandates that the S.C. ombudsman program investigate non-criminal abuse, neglect, and exploitation complaints in psychiatric hospitals and facilities operated or contracted for operation by the State Department of Mental Health (DMH) and the South Carolina Department of Disabilities and Special Needs (DDSN).

OAPA requires certain persons to report abuse or to report situations where they may have reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited. ***A vulnerable adult is a person who is eighteen years of age or older and who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection.*** This includes a person who may be elderly, or who is physically, mentally or emotionally disabled and unable to provide for his or her care or protection. A resident of a facility is considered to be a vulnerable adult. Abuse occurring in a licensed facility (except those operated or contracted for operation by SC Department of Mental Health and SC Disabilities and Special Needs) is reported to the Long Term Care Ombudsman’s Office. Abuse occurring in all other locations in the community is reported to the Department of Social Services – Adult Protective Services.

The S.C. Long Term Care Ombudsman Program is composed of the State Long Term Care Ombudsman staff operating within the Lt. Governor’s Office on Aging, and ten (10) Regional Long Term Care Ombudsman Programs with twenty (20) full-time ombudsmen who operate within the individual Area Agencies on Aging (AAA).

The term “ombudsman” includes an employee or volunteer who represents an AAA designated under section 712(a)(5)(A) of the Older Americans Act and who has been designated by the State Long Term Care Ombudsman.

The Ombudsman Program is **not** a regulatory agency and has no enforcement authority. Its main functions are to advocate for the rights of the resident, investigate complaints for prompt referral to regulatory, law enforcement, or prosecutorial authorities and to engage in public activity to educate, inform residents in long term care facilities and their families of their rights and available services.

Other Ombudsman Activities

The Long Term Care Ombudsman is responsible for assuring that individuals receive quality care and fair treatment. Ombudsmen act as a voice for residents and encourage access to advocacy by letting residents know what kind of care to expect, by providing a mechanism to file a complaint, and empowering residents and families to serve as their own advocates.

Following are other services provided by ombudsmen:

Investigates and resolves complaints made by or on behalf of residents;

Informs residents about services provided by long-term care providers, public agencies, health and social service agencies or other services to assist in protecting their health, safety, welfare, and rights;

Provides regular and timely access to ombudsman services for residents and timely responses to complaints;

Analyzes, comments on, and monitors the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions pertaining to the health, safety, welfare and rights of residents;

Provides support for the development of resident and family councils in facilities;

Prohibits inappropriate disclosure of the identity of any complainant or resident with respect to Long Term Care Ombudsman files or records;

Educates the community about the needs of long-term care residents;

Coordinates efforts with other agencies concerning with long-term care;

Makes friendly visits to long-term care facilities to talk to residents and monitor conditions; and

Provides training and educates facility staff about resident rights and other long-term care issues.

Volunteer Ombudsman Program

During FY06, the Volunteer Ombudsman Program was initiated. In the state of South Carolina, facilities have the option of participating in the program. In its first year of operation, the Volunteer Ombudsman Program has recruited, trained and supervised 30 volunteers and established a participating agreement with 60 facilities.

2 OMBUDSMAN ACCESS TO RECORDS

The Health Insurance Portability and Accountability Act (HIPAA) and the accompanying “Standards for Privacy of Individually Identifiable Health Information” (Privacy Rule), whose compliance date was April 14, 2003, addresses the confidentiality and accessibility of personal health information.

Under the Privacy Rule, a “health oversight agency” is given special access to medical records. A covered entity must disclose protected health information to a “health oversight agency” for oversight activities authorized by law, such as audits, investigations, inspections, licensure, proceedings, and other activities necessary for oversight.

The Administration on Aging has determined that representatives of the Long Term Care Ombudsman Program are health oversight agencies because they have oversight responsibilities authorized by law for a component of the health care system. Therefore, the HIPAA privacy rule does not preclude release of residents' clinical records or relevant information relating to facility operations to the LTCOP, with or without authorization of the resident or the resident's legal representative. In other words, Federal laws have **not changed** the access LTCOP representatives have in reference to resident records or access to other information about residents.

Consumer Access to Records

The HIPAA privacy regulation also guarantees consumers the right to inspect, obtain a copy of, and amend their own medical records and restricts when and how "covered entities" that maintain medical records may use and disclose protected health information. Under the HIPAA privacy rule, "covered entities" have deadlines for responding to requests for medical records.

3 OMBUDSMAN COMPLAINTS

Ombudsmen work closely with residents, families and facility staff to offer guidance and resolve substantiated complaints. In federal fiscal year 2005-2006, the ombudsmen program received 5,821 complaints involving residents in long-term care facilities. As stated previously, the ombudsman program is also responsible for investigating complaints in psychiatric hospitals and facilities operated or contracted for operation by the SC Department of Mental Health (SCDMH) and the SC Department of Disabilities and Special Needs (SCDDSN). Of the 5,851 complaints, 2,658 were from nursing homes, 2,458 were from residential care facilities, and 705 were from other facilities.

Often a single complaint affects more than one resident. For example, complaints regarding lack of staff to assist with meals could affect a single resident or the entire facility depending on the circumstances. Also, a case may have more than one complaint. For instance, a resident may voice a complaint about the length of time it takes for staff to answer call lights and the poor attitude of staff when complaints are lodged.

Cases, Complainants and Complaints

Complaints are received from many sources, although most complaints are reported by the facility. In South Carolina, in accordance with the Omnibus Adult Protection Act, facilities (other than facilities operated or contracted for operation by SC DDSN or SC DMH) must report all suspected cases of abuse, neglect, and exploitation to the Long Term Care Ombudsman, while in most other states, these complaints are reported to the regulatory agency or Adult Protective Services.



QUICK FACTS

Residents accounted for approximately five (5) percent of the complaints called in to the Ombudsman's office, and families accounted for approximately eighteen (18) percent of the complaints. Even though complaints are confidential as required by

Number of Cases Opened	3,549	federal and state law, about four (4) percent of the
Number of Cases Closed	3,022	
Total Number of Complaints	5,821	
Trainings to Facility Staff	74	
Consultations to Facilities	931	
Consultations to Individuals	1,176	

complainants prefer to remain anonymous, citing fear of retaliation as the most common reason. The Long Term Care Ombudsman program continues to educate callers regarding their protection from retaliation as specified in state law.

Types of Complaints by Facility

The table below illustrates the complaints received in the 133 different categories made by or on behalf of long term care facility residents.

Complaint Categories		Number of Complaints	
	Residents Rights	Nursing Homes	RCFs
	Abuse, Neglect, Exploitation		
1	Abuse, physical	231	238
2	Abuse, sexual	20	25
3	Abuse, verbal	171	140
4	Financial exploitation	40	39
5	Gross Neglect	130	87
6	Resident-to-resident physical or sexual abuse	82	58
7	Other abuse, neglect, or exploitation	0	1
	Access to Information by Resident		
8	Access to own records	8	3
9	Access to ombudsmen/visitors	11	3
10	Access to facility survey	0	0
11	Information regarding advance directives	2	7
12	Information regarding medical conditions	21	16
13	Information regarding rights, benefits	54	88
14	Information communicated in understandable Language	0	0
15	Other – Specify	0	0
	Admission, Transfer, Discharge, Eviction		
16	Admission contract/procedure	9	5
17	Appeal process	2	0
18	Bed hold – written notice, refusal to readmit	5	3
19	Discharge/eviction	207	116
20	Discrimination in admission due to condition	6	2
21	Discrimination in admission, medical status	2	0
22	Room assignment/room change	5	3
23	Other	2	0

	Autonomy, Choice, Preference, Rights		
24	Choose personal physician, pharmacy	2	7
25	Confinement in facility against will	3	13
26	Dignity, respect, staff attitudes	109	75
27	Exercise preference/choice and rights	24	24
28	Exercise right to refuse treatment	5	13
29	Language barrier in daily routine	0	3
30	Participate in care planning	2	1
31	Privacy-telephone, visitors	12	37
32	Privacy in treatment	3	3
33	Response to complaints	13	8
34	Reprisal, retaliation	11	18
35	Other	0	1
	Financial, property (except for financial exploitation)		
36	Billing charges – notice, approval, wrong	27	23
37	Personal funds – access/information denied	27	58
38	Personal property lost, stolen, used by others	52	36
39	Other	0	1
	Resident Care		
40	Accidents, improper handling	298	127
41	Call lights, response for assistance	50	15
42	Care plan/resident assessment	89	59
43	Contracture	1	0
44	Medication errors	89	209
45	Personal hygiene	62	41
46	Physician services	13	21
47	Pressure sores	36	6
48	Symptoms unattended	101	52
49	Toileting, incontinent care	48	22
50	Tubes – neglect of catheter, NG tube	9	1
51	Wandering, failure to accommodate/monitor	21	34
52	Other	0	1
	Rehabilitation or Maintenance of Function		
53	Assistive devices or equipment	9	10

54	Bowel and bladder training	1	0
55	Dental Services	3	6
56	Mental health	1	2
57	Range of motion/ambulation	1	1
58	Therapies – physical, occupational, speech	11	4
59	Vision and hearing	1	7
60	Other	0	0
	Restraints – Chemical and Physical		
61	Physical restraint	8	10
62	Psychoactive drugs	0	0
63	Other	0	0
	Activities and Social Services		
64	Activities	5	18
65	Community interaction/transportation	1	10
66	Roommate conflict	27	17
67	Social services	0	2
68	Other	0	0
	Dietary		
69	Assistance in eating or assistive devices	23	2
70	Fluid availability/hydration	23	6
71	Menu/food service – quantity, quality	22	87
72	Snacks, time span between meals	8	13
73	Temperature	6	7
74	Therapeutic diet	2	5
75	Weight loss due to inadequate nutrition	16	9
76	Other	0	0
	Environment		
77	Air/environment	11	29
78	Cleanliness, pests, general housekeeping	28	43
79	Equipment/buildings – disrepair, hazard	17	57
80	Furnishings, storage for residents	3	7
81	Infection control	13	14
82	Laundry – lost, condition, damaged	12	10
83	Odors	13	17
84	Space for activities, dining	0	1

85	Supplies and linens	12	22
86	Other	0	2
	Policies, Procedures, Attitudes, Resources		
87	Abuse investigation/reporting	16	15
88	Administrator(s) unresponsive, unavailable	14	22
89	Grievance procedure	6	2
90	Inadequate record keeping	3	17
91	Insufficient funds to operate	2	0
92	Operator inadequately trained	1	0
93	Offering inappropriate level of care	1	25
94	Resident or family council not supported	2	1
95	Other	0	10
	Staffing		
96	Communication, language barrier	6	4
97	Shortage of staff	22	34
98	Staff training, lack of screening	7	16
99	Staff turnover	1	4
100	Staff unresponsive, unavailable	27	24
101	Supervision	18	25
102	Other	1	0
	Problems With Outside Agency		
	Certification/licensing agency		
103	Access to information	0	0
104	Complaint, response to	5	1
105	Decertification/closure	1	6
106	Intermediate sanctions	0	0
107	Survey process	2	0
108	Survey process – ombudsman participation	0	0
109	Transfer or eviction hearing	0	2
110	Other	0	0
	State Medicaid Agency		
111	Access to information, application	1	0
112	Denial of eligibility	4	0
113	Non-covered services	1	0
114	Personal needs allowance	1	11

115	Services	1	1
116	Other	1	0
	Systems/Others		
117	Abuse/neglect/abandonment by family	18	11
118	Bed shortage, placement, lack of alternative	0	3
119	Board and care regulations	1	3
120	Family conflict, interference	44	12
121	Financial exploitation or neglect by family	35	27
122	Legal – guardianship issue	20	14
123	Medicare	1	2
124	PASARR	0	3
125	Resident’s physician not available	2	0
126	Protective Service Agency	2	1
127	SSA, SSI, VA, Other benefits	1	0
128	Other, including request for less restrictive placement	1	4
	Complaints about services in settings other than long-term care facilities		
129	Home care	0	0
130	Hospital or Hospice	0	0
131	Public or other congregate housing	0	0
132	Services from outside provider	0	0
133	Other Complaints	0	0
Total Nursing Home Complaints		2,658	
Total Residential Care Facility Complaints		2,458	
Total Complaints from other Facilities		705	

Ombudsman Complaint Activity

Ombudsmen are active in problem solving within long-term care facilities, and instrumental in the resolution of complaints. The goal of the program is the resolution of problems within a facility, encouraging communication of concerns by residents and their representatives to the administration, and providing mediation or negotiation of solutions.

Action on Complaints	NH	RCF	OTHER
1. Verified	1,138	1,138	1
2. Required Regulation Change	17	7	0
3. Complaint Not Resolved	52	42	0
4. Complaint Withdrawn	68	67	4
5. Referred, No Final Report	206	222	0
6. Referred, Agency Failed to Act	39	8	2
7. No Action Needed	202	159	1
8. Complaint Partially Resolved	93	72	0
9. Complaint Resolved to Satisfaction	1,981	1,881	22

4 LONG TERM CARE FACILITY INFORMATION

The following table illustrates the number of long-term-care facilities in South Carolina in 2006 where the Long Term Care Ombudsmen visited or conducted investigations.

FY 2006	Number of Facilities	Number of Beds
Nursing Homes	193	19,288
ICF/MR (<15 Beds)	82	678
ICF/MR (>15 Beds)	9	1,218
Residential Care Facilities	574	17,203
Total Facilities	858	38,387

Throughout the healthcare field in the United States, organizations are facing an acute shortage of nursing staff. However, nursing homes in South Carolina are required to maintain a minimum number of staff per shift.

Nursing Home Staff

The required minimum number of licensed nurses for any nursing station which serves at least one resident is one per station per shift. If a nursing station serves more than forty-four (44) residents, then that station is required to have two licensed nurses on all shifts.

Nursing Aides

The required number of nursing aides and other non-licensed nursing personnel is determined by the number of residents assigned to beds at each nursing station. Non-licensed nursing staff must be provided to meet at least the minimum following schedule:

Shift	Ratio of Aides to Residents
1	1:9
2	1:13
3	1:22

For the purposes of this section:

“Shift 1” means a work shift that occurs primarily during the daytime hours including, but not limited to: a 7:00 a.m. to 3:00 p.m. shift;

“Shift 2” means a work shift that generally includes both daytime and evening hours including, but not limited to, a 3:00 p.m. to 11:00 p.m. shift;

“Shift 3” means a work shift that occurs primarily during the nighttime hours including, but not limited to, an 11:00 p.m. to 7:00 a.m. shift.

Note: This staff must be dedicated strictly to direct resident care, e.g., no cooking, housekeeping or administrative duties. (Example; A nursing home with 8 residents would require a minimum of 3 staff persons on the day shift, i.e., one administrator, one DON who must be an RN and one aide.)

Residential Care Facility Staff

The required minimum number of residential care facility staff is 1:8 (one staff to eight residents during peak hours 7:00 a.m. to 7:00 p.m. or defined by facility). One staff to 30 residents is required during non-peak hours. If the building houses more than 8 residents, a staff member must be awake and dressed during non-peak hours. The DHEC Department of Health Licensing may require additional personnel dependent on the needs of the client.

Regional Ombudsmen

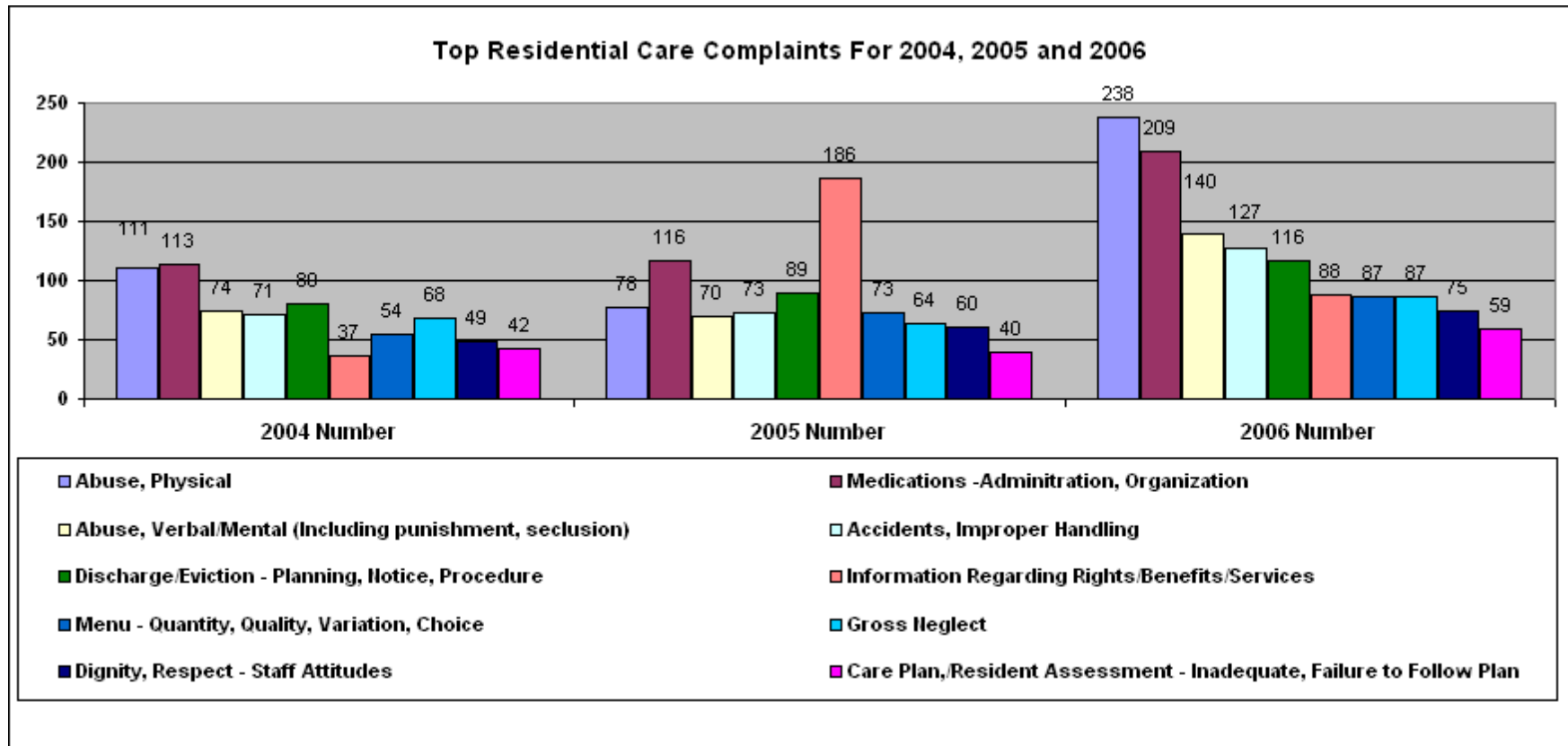
COMMUNITY OMBUDSMAN PROGRAMS	COUNTIES SERVED	TELEPHONE NUMBERS
Region 1: Appalachia	Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg	(864) 242-9733 1-800-434-4036 (outside Greenville County)
Region 2: Upper Savannah	Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	(864) 941-8070 1-800-922-7729 (outside Greenwood County)
Region 3: Catawba	Chester, Lancaster, York, Union	(803) 329-9670 1-800-662-8330 (outside York County)
Region 4: Central Midlands	Fairfield, Lexington, Newberry, Richland	(803) 376-5389 1-866-394-4166 (outside Richland County)
Region 5: Lower Savannah	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg	(803) 649-7981 1-866-845-1550 (outside Aiken County)
Region 6: Santee-Lynches	Clarendon, Kershaw, Lee, Sumter	(803) 775-7381 1-800-948-1042 (outside Sumter County)

Region 7: Vantage Point	Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro	(843) 383-8632 1-866-505-3331 (outside Darlington County)
Region 8: Waccamaw	Georgetown, Horry, Williamsburg	(843) 546-4231 1-888-302-7550 (outside Georgetown County)
Region 9: Trident	Berkeley, Charleston, Dorchester	(843) 554-2280 1-800-864-6446 (outside Charleston County)
Region 10: Lowcountry	Beaufort, Colleton, Hampton, Jasper	(843) 726-5536 1-877-846-8148 (outside Jasper County)
State Long Term Care Ombudsman's Office		(803) 734-9900 1-800-868-9095 (outside Richland County)

Data

Top Residential Care Complaints For 2004, 2005 and 2006

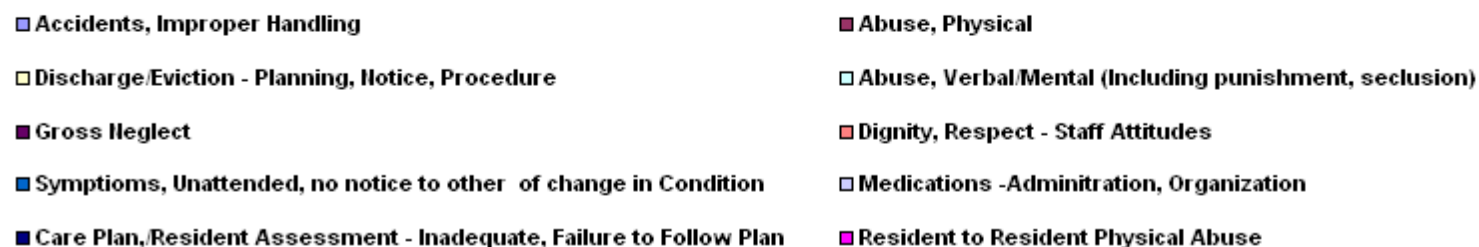
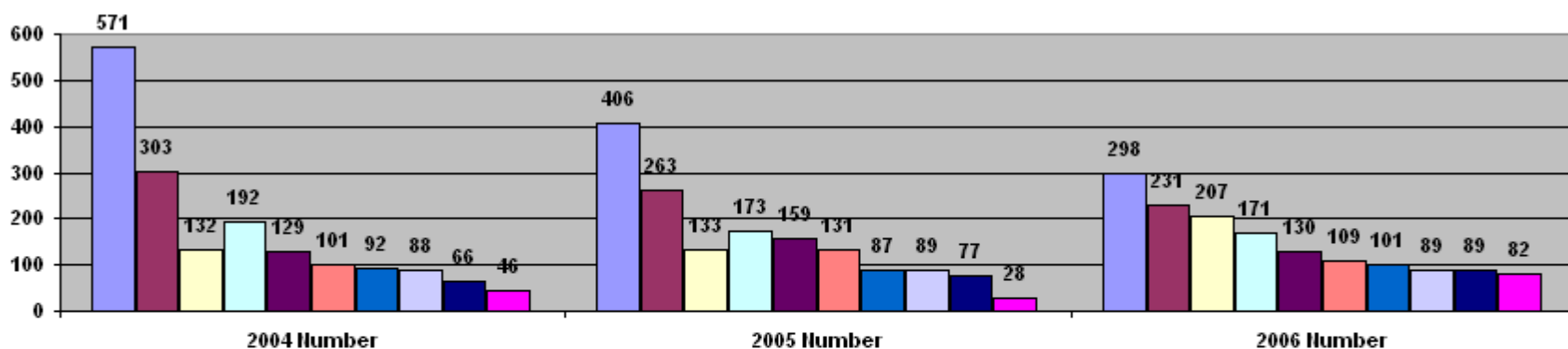
Complaint Description	Residential Care		
	2004 Number	2005 Number	2006 Number
Abuse, Physical	111	78	238
Medications -Adminitration, Organization	113	116	209
Abuse, Verbal/Mental (Including punishment, seclusion)	74	70	140
Accidents, Improper Handling	71	73	127
Discharge/Eviction - Planning, Notice, Procedure	80	89	116
Information Regarding Rights/Benefits/Services	37	186	88
Menu - Quantity, Quality, Variation, Choice	54	73	87
Gross Neglect	68	64	87
Dignity, Respect - Staff Attitudes	49	60	75
Care Plan,/Resident Assessment - Inadequate, Failure to Follow Plan	42	40	59



Top Nursing Home Complaints For 2004, 2005 and 2006

Complaint Description	Nursing Home		
	2004 Number	2005 Number	2006 Number
Accidents, Improper Handling	571	406	298
Abuse, Physical	303	263	231
Discharge/Eviction - Planning, Notice, Procedure	132	133	207
Abuse, Verbal/Mental (Including punishment, seclusion)	192	173	171
Gross Neglect	129	159	130
Dignity, Respect - Staff Attitudes	101	131	109
Symptoms, Unattended, no notice to other of change in Condition	92	87	101
Medications -Administration, Organization	88	89	89
Care Plan,/Resident Assessment - Inadequate, Failure to Follow Plan	66	77	89
Resident to Resident Physical Abuse	46	28	82

Top Nursing Home Complaints For 2004, 2005 and 2006



Complaint Dispositions FFY 2004, 2005, and 2006

Nursing Facility			
Actions on Complaints	2004	2005	2006
Complaints for which govt change required to resolve	10	5	17
Complaints not resolved to the satisfaction of resident/complainant	45	34	52
Complaints withdrawn by resident/complainant	86	51	68
Complaints referred and report of disposition not obtained	143	221	206
Complaints referred and other agency took no action	43	18	39
Complaints for which no action needed/appropriate	164	234	202
Complaints partially resolved	99	85	93
Complaints resolved to the satisfaction of resident/complainant	2302	2071	1981
Total Complaints	2892	2719	2658
Total Complaints Verified	1416	1148	1138

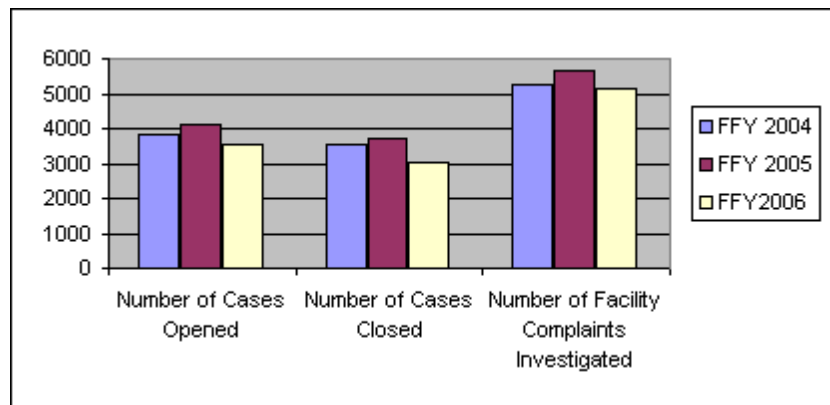
Residential Care Facility			
Actions on Complaints	2004	2005	2006
Complaints for which govt change required to resolve	21	5	7
Complaints not resolved to the satisfaction of resident/complainant	37	29	42
Complaints withdrawn by resident/complainant	33	32	67
Complaints referred and report of disposition not obtained	185	177	222
Complaints referred and other agency took no action	14	28	8
Complaints for which no action needed/appropriate	106	128	159
Complaints partially resolved	108	80	72
Complaints resolved to the satisfaction of resident/complainant	1150	1430	1881
Total Complaints	1654	1909	2458
Total Complaints Verified	798	802	1085

Other Facility			
Actions on Complaints	2004	2005	2006
Complaints for which govt change required to resolve	21	1	3
Complaints not resolved to the satisfaction of resident/complainant	37	6	0
Complaints withdrawn by resident/complainant	33	9	3
Complaints referred and report of disposition not obtained	185	45	65
Complaints referred and other agency took no action	14	1	4
Complaints for which no action needed/appropriate	106	27	17
Complaints partially resolved	108	5	8
Complaints resolved to the satisfaction of resident/complainant	1150	947	605

Total Complaints	1654	1041	705
Total Complaints Verified	798	195	333

**LTC Ombudsman Activities for
Federal Fiscal Years 2004, 2005, and 2006**

Activity	2004		2005		2006	
	State Office	Local Office	State Office	Local Office	State Office	Local Office
Training for Ombudsman Staff and Volunteers (Sessions)	51	180	33	127	21	125
Training for Ombudsman Staff and Volunteers (Hours)	54	810	221	243	116.9	456.7
Total Number of Trainees	52	363	749	4305	274	607
% of Total Staff time on Technical Assistance to Local Ombudsman and/or Volunteers	25	25	60	0	40	5
Number of Training sessions for Facilities	14	50	0	71	0	74
Number of Consultations for Facilities	30	554	338	631	12	919
Number of Consultations to Individuals	480	389	315	860	169	1007
Number of Nursing Homes visited	40	195	30	192	4	193
Number of Residential Care/Similar Facilities visited	0	298	12	200	1	574
Number of Facility Surveys Participated in	0	16	2	7	0	10



Description	2004	2005	2006
Number of Cases Opened	3820	4115	3549
Number of Cases Closed	3558	3698	3022
Number of Facility Complaints Investigated	5251	5669	5145

Abuse, Neglect and Exploitation

Abuse, Neglect, Exploitation Investigation Report Long Term Care Ombudsman FFY 2004 (October 1, 2003 - September 30, 2004) Total Number of New Reports of Abuse

Location	Typology			Total Reports	Number		Referred To		
	Abuse	Neglect	Exploitation		Substantiated	Non-Substantiated	LE	AG	SLED
Nursing Home	470	120	65	655	247	408	79	0	
Res Care Fac	198	60	53	311	150	161	36	0	
DDSN	238	25	26	289	168	122	31		
DMH	50	1	7	58	32	26	1		
Other									
Total	956	206	151	1313	597	717	147	0	0

Legend

Nursing Home - Any facility (profit/non-profit) that provides skilled care to residents not in need of hospital care.

Res Care Fac (Residential Care Facility) - Any facility that provides room, board and a degree of personal assistance for two or more unrelated persons.

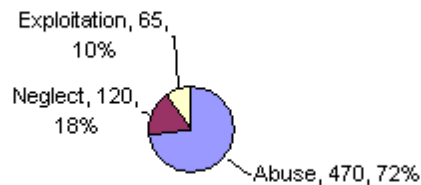
DDSN - Any facility operated or contracted for operation by DDSN.

DMH - Any facility operated or contracted for operation by DMH.

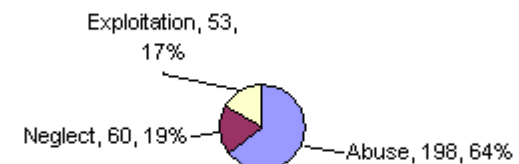
Substantiated - Complaints received that are determined to be factual or accurate.

Non-Substantiated - Complaints or reports received that cannot be confirmed.

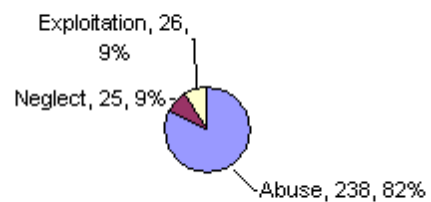
Nursing Home Typology



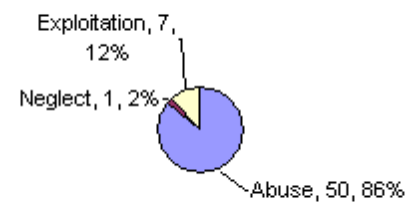
Residential Care Facility Typology



DDSN Typology



DMH Typology



Nursing Facility Substantiated/Non-Substantiated



Residential Care Facility Substantiated / Non-Substantiated



DDSN Substantiated / Non-Substantiated

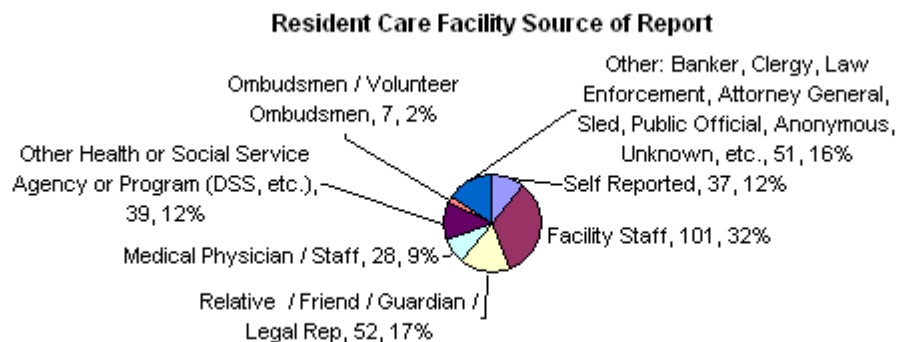
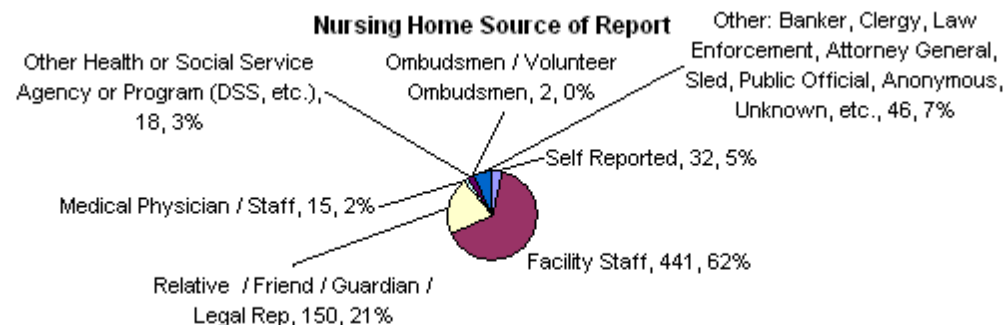


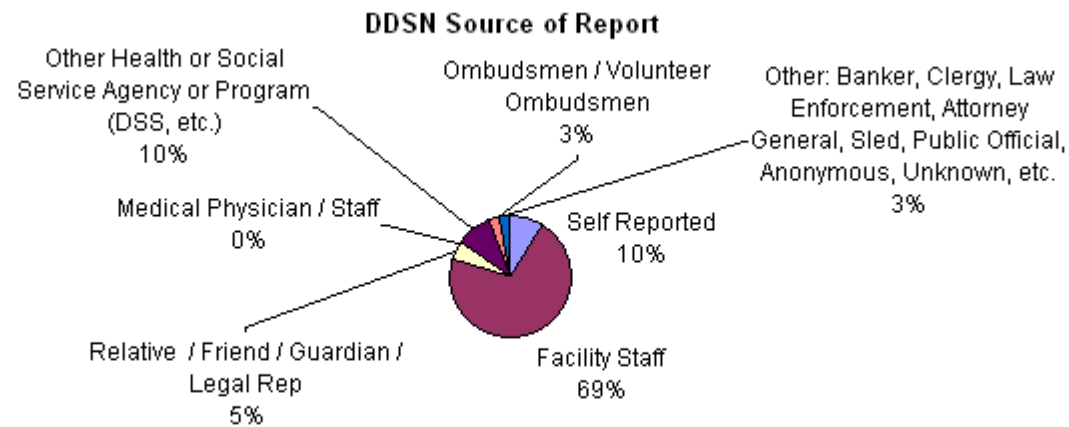
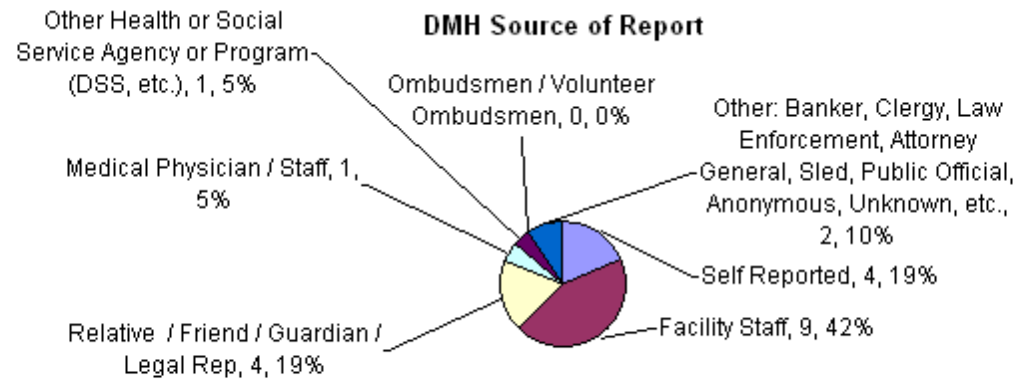
DMH Substantiated / Non-Substantiated



Source of Report

Location	Self Reported	Facility Staff	Relative / Friend / Guardian / Legal Rep	Medical Physician / Staff	Other Health or Social Service Agency or Program (DSS, etc.)	Ombudsmen / Volunteer Ombudsmen	Other: Banker, Clergy, Law Enforcement, Attorney General, Sled, Public Official, Anonymous, Unknown, etc.
Nursing Home	32	441	150	15	18	2	46
Res Care Fac	37	101	52	28	39	7	51
DDSN	15	107	8	0	16	4	4
DMH	8	32	8	0	11	3	2
Other	4	9	4	1	1	0	2
Total	96	690	222	44	85	16	105





Abuse, Neglect, And Exploitation Investigation Report
Long Term Care Ombudsman
FFY 2005 (October 1, 2004 - September 30, 2005)
Total Number of New Reports of Abuse

Location	Typology			Total Reports	Number		Referred To		
	Abuse	Neglect	Exploitation		Substantiated	Non-Substantiated	LE	AG	SLED
Nursing Home	564	238	56	858	223	553	101	0	
Res Care Fac	166	57	57	280	120	160	48	0	
DDSN	210	22	13	245	110	135	14		
DMH	71	1	4	76	10	66	7		
Other	4	2	2	8	4	4	1		
Total	1015	320	132	1467	467	918	171	0	0

Legend

Nursing Home - Any facility (profit/non-profit) that provides skilled care to residents not in need of hospital care.

Res Care Fac (Residential Care Facility) - Any facility that provides room, board and a degree of personal assistance for two or more unrelated persons.

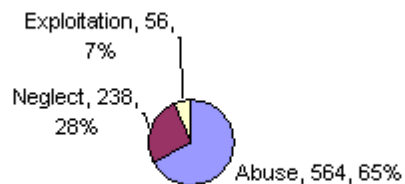
DDSN - Any facility operated or contracted for operation by DDSN.

DMH - Any facility operated or contracted for operation by DMH.

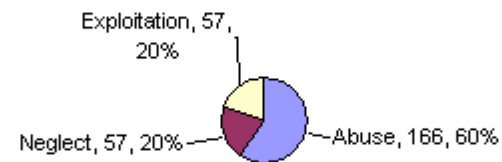
Substantiated - Complaints received that are determined to be factual or accurate.

Non-Substantiated - Complaints or reports received that cannot be confirmed.

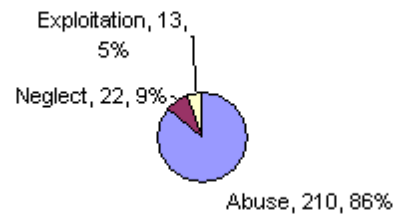
Nursing Home Typology



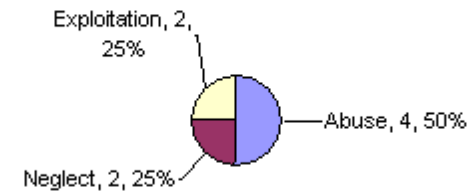
Residential Care Facility Typology



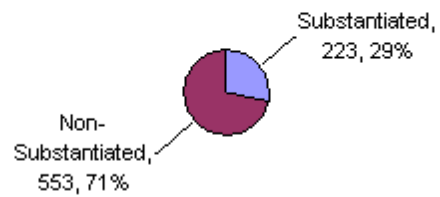
DDSN Typology



DMH Typology



Nursing Facility Substantiated/Non-Substantiated



Residential Care Facility Substantiated / Non-Substantiated



DDSN Substantiated / Non-Substantiated



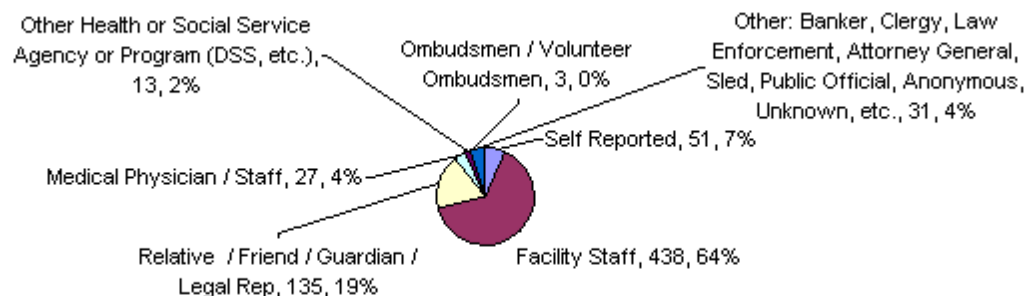
DMH Substantiated / Non-Substantiated



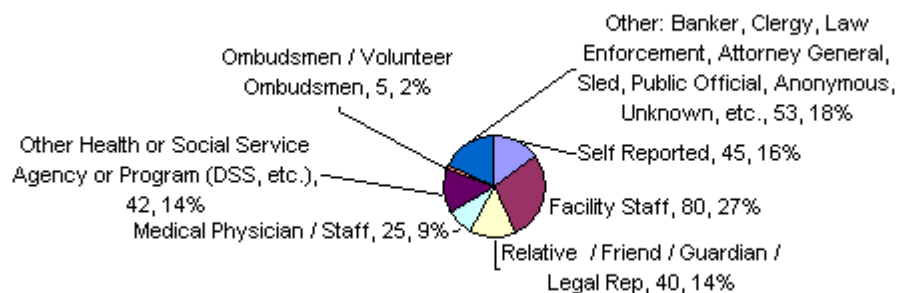
Source of Report

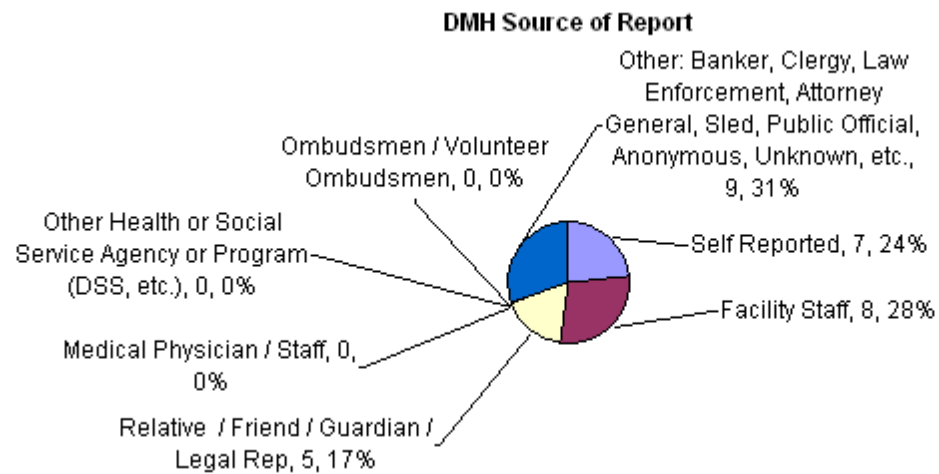
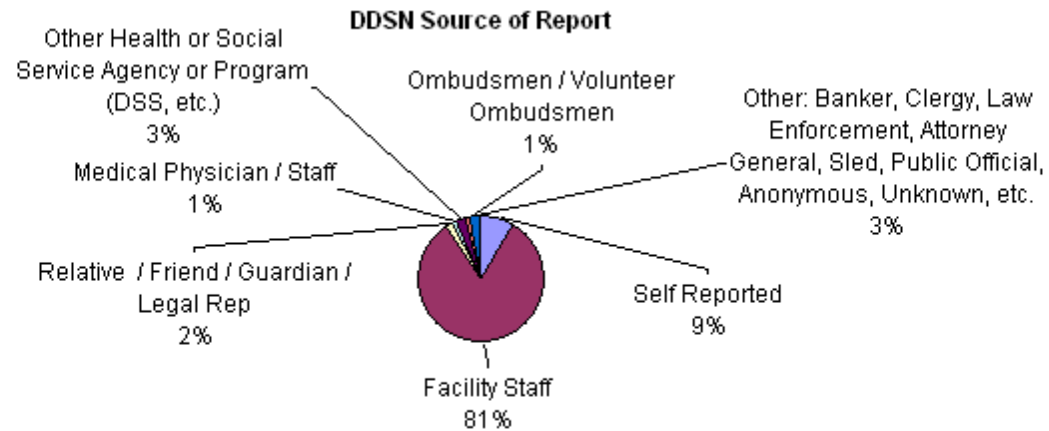
Location	Self Reported	Facility Staff	Relative / Friend / Guardian / Legal Rep	Medical Physician / Staff	Other Health or Social Service Agency or Program (DSS, etc.)	Ombudsmen / Volunteer Ombudsmen	Other: Banker, Clergy, Law Enforcement, Attorney General, Sled, Public Official, Anonymous, Unknown, etc.
Nursing Home	51	438	135	27	13	3	31
Res Care Fac	45	80	40	25	42	5	53
DDSN	25	222	6	3	7	3	7
DMH	15	26	3	0	2	5	34
Other	7	8	5	0	0	0	9
Total	143	774	189	55	64	16	134

Nursing Home Source of Report



Resident Care Facility Source of Report





Abuse, Neglect, And Exploitation Investigation Report
Long Term Care Ombudsman
FFY 2006 (October 1, 2005 - September 30, 2006)
Total Number of New Reports of Abuse

Typology					Number		Referred To		
Location	Abuse	Neglect	Exploitation	Total Reports	Substantiated	Non-Substantiated	LE	AG	SLED
Nursing Home	629	149	81	859	419	440	171	6	
Res Care Fac	225	56	59	340	194	146	71	2	
DDSN	241	35	10	286	120	166	90		
DMH	56	5	3	64	40	24	10		
Total	1151	245	153	1549	773	776	342	8	0

Legend

Nursing Home - Any facility (profit/non-profit) that provides skilled care to residents not in need of hospital care.

Res Care Fac (Residential Care Facility) - Any facility that provides room, board and a degree of personal assistance for two or more unrelated persons.

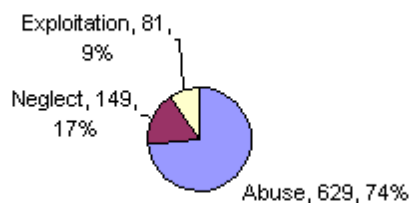
DDSN - Any facility operated or contracted for operation by DDSN.

DMH - Any facility operated or contracted for operation by DMH.

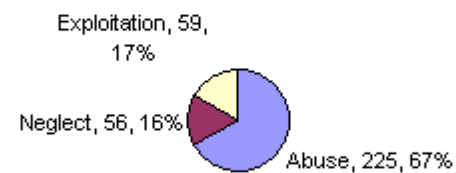
Substantiated - Complaints received that are determined to be factual or accurate.

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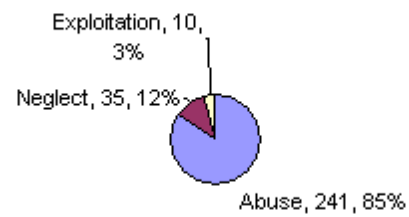
Nursing Home Typology



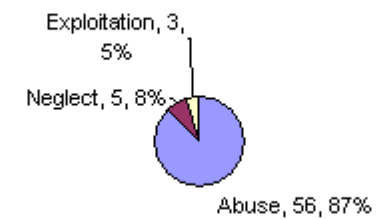
Residential Care Facility Typology



DDSN Typology



DMH Typology



Nursing Facility Substantiated/Non-Substantiated



Residential Care Facility Substantiated / Non-Substantiated



DDSN Substantiated / Non-Substantiated

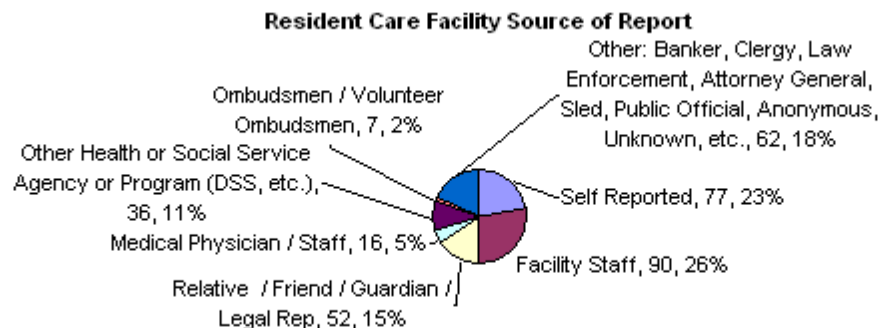
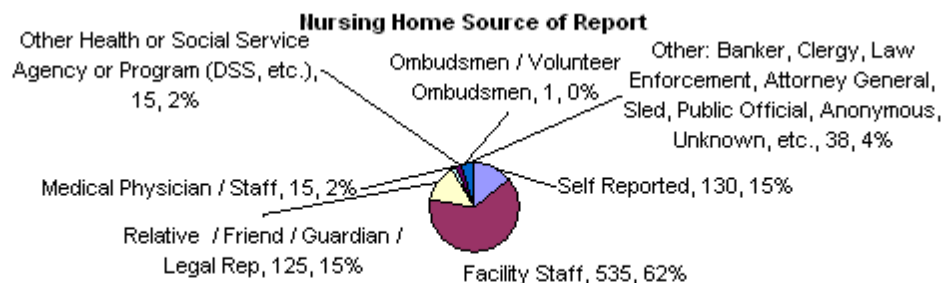


DMH Substantiated / Non-Substantiated

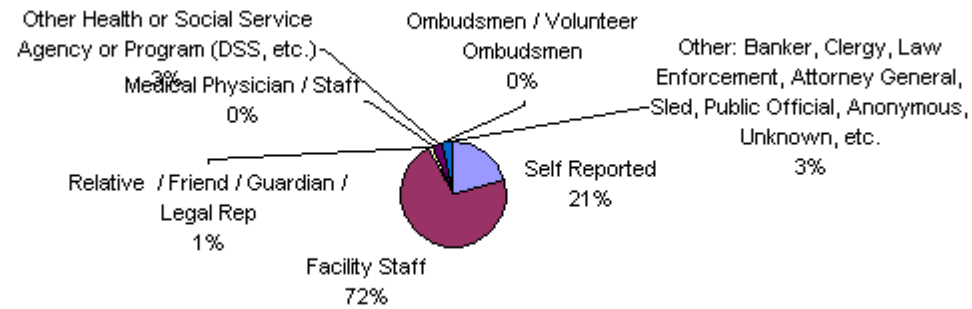


Source of Report

Location	Self Reported	Facility Staff	Relative / Friend / Guardian / Legal Rep	Medical Physician / Staff	Other Health or Social Service Agency or Program (DSS, etc.)	Ombudsmen / Volunteer Ombudsmen	Other: Banker, Clergy, Law Enforcement, Attorney General, Sled, Public Official, Anonymous, Unknown, etc.
Nursing Home	130	535	125	15	15	1	38
Res Care Fac	77	90	52	16	36	7	62
DDSN	60	204	4	0	9	1	8
DMH	25	19	4	0	4	0	12
Total	292	848	185	31	64	9	120



DDSN Source of Report



DMH Source of Report

